Kathy Augustine

State Controller

Name (print)

Office (if applicable)

District (if applicable)

### Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

| NAME AND ADDRESS OF<br>PERSON, GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE PAYMENT FOR THE<br>EXPENSE(S) | CATEGORY<br>(See Previous Page)<br>NRS 294A.365 | DATE OF EACH<br>EXPENSE                      | AMOUNT OF<br>EACH EXPENSE                  |
|---|---|--|--|
| Joyce & Associates<br>7473 W. Lake Mead Blvd Suite 202<br>Las Vegas, NV 89128                             | F   | 01/13/03                                     | \$1,104.61                                 |
| Nathan:Adelson:Hospice<br>4141 Swenson Street<br>Las Vegas, NV 89119                                      | Н   | 01/31/03                                     | 200.00                                     |
| WNCC Foundation<br>2201 W. College Parkway<br>Carson City, NV 89703                                       | H<br>H  | 05/15/03<br>06/12/03                         | 100.00<br>35.00                            |
| Assistance League of Las Vegas<br>6446 W. Charleston BlVd<br>Las Vegas, NV 89146                          | Н   | 09/19/03                                     | 250,00                                     |
| Augustus Society<br>P.O. Box 28255<br>Las Vegas, NV 89126   | Н   | 09/23/03                                     | 1,250.00                                   |
| Bush-Cheney '04<br>2107 Wilson Blvd<br>Arlington, VA 22201  | Н   | 11/14/03                                     | 1,000.00                                   |
| Down Syndrome Organization of SO 5300 Vegas Drive<br>Las Vegas, NV 89108                                  | NV H  | 11/15/03                                     | 150,00                                     |
| Pahrump Valley Republican Women<br>P.O. Box 21<br>Pahrump, NV 89041                                       | Н<br>Ј<br>Н                                     | 01/31/03<br>11/14/03<br>11/21/03             | 56.50<br>10.00<br>100.00                   |
| NV Youth Sports Development<br>1135 Terminal Way #106<br>Reno, NV 89502                                   | Н   | 12/19/03                                     | 250,00                                     |
| American Express Corporate<br>P.O. Box 0001<br>Los Angeles, CA 90096                                      | A/C/H/J<br>A/C/H/J<br>A/C/H/J<br>A/C/H/J        | 01/17/03<br>02/15/03<br>03/21/03<br>04/15/03 | 133.77<br>490.90<br>479.72<br>169.39       |
|   | A/C/H/J<br>A/C/H/J<br>J<br>J                    | 05/26/03<br>06/17/03<br>08/07/03<br>08/25/03 | 272,90<br>434,21<br>18 <b>,21</b><br>19,61 |
|   | A/C/H/J<br>A/C/H/J<br>A/C/H/J                   | 09/19/03<br>11/21/03<br>12/16/03             | 328,91<br>253,76<br>378,64                 |

#### **CAMPAIGN CONTRIBUTIONS**

**Report Period** 

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Kathy Augustine

State Controller

Name (print)

Office (if applicable)

District (if applicable)

# Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

| CONTRIBUTOR'S NAME AND ADDRESS                                       | DATE OF EACH<br>CONTRIBUTION | AMOUNT OF EACH CONTRIBUTION | CHECK HERE<br>IF LOAN |
|--|------------------------------|-----------------------------|-----------------------|
| Robert R Maxey<br>2001 Plaza De Sante Fe<br>Las Vegas, NV 89102-3910 | 01/07/03                     | \$1,000                     |                       |
| Newmont Mining Corp<br>1700 Lincoln St<br>Denver, CO 80203           | 02/06/03                     | \$2,000                     |                       |
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#### **CAMPAIGN EXPENSES**

Report Period

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Kathy Augustine

State Controller

Name (print)

Office (if applicable)

District (if applicable)

### **Expense Categories**

| CATEGORIES  | CODE |
|---|------|
| Office expenses   | A    |
| Expenses related to volunteers  | В    |
| Expenses related to travel  | С    |
| Expenses related to advertising   | D    |
| Expenses related to paid staff  | E    |
| Expenses related to consultants   | F    |
| Expenses related to polling   | G    |
| Expenses related to special events  | Н    |
| ** Goods and services provided in kind for which money would otherwise have been paid | l    |
| Other miscellaneous expenses  | J    |
| Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)               | К    |

## IN KIND CAMPAIGN CONTRIBUTIONS

| Re | po | rt | Pe | ric | d |
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| Kathy        | Augustine |
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State Controller
Office (if applicable)

District (if applicable)

#### **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

| CONTRIBUTOR'S NAME AND ADDRESS | DATE OF EACH<br>IN KIND<br>CONTRIBUTION | DESCRIPTION OF EACH IN KIND CONTRIBUTION | VALUE OR COST OF EACH IN KIND CONTRIBUTION | CHECK<br>HERE<br>IF<br>LOAN |
|--------------------------------|---|--|--|-----------------------------|
| NONE                           |   |  |  |                             |
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### IN KIND CAMPAIGN EXPENSES

Report Period

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| Kathy | Augustine |
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State Controller

Name (print)

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Office (if applicable)

District (if applicable)

#### **IN KIND**

### Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

| Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary                          |  |                                       |  |  |
|--|--|---------------------------------------|--|--|
| NAME AND ADDRESS OF<br>PERSON, GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE IN KIND GOOD(S) OR<br>SERVICE(S) | DESCRIPTION<br>OF EACH<br>IN KIND<br>EXPENSE | DATE OF<br>EACH<br>IN KIND<br>EXPENSE | VALUE OR COST<br>OF EACH<br>IN KIND<br>EXPENSE |  |
| NONE   |  |                                       |  |  |
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